



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Edward Silver et al.

Group Art Unit: 2611

Application No.: 09/893,910

Examiner: Unknown

Filed: June 29, 2001

Title: "System and Method for Viewing Contents Via a Computer Network During a Telephone Call"

37 C.F.R. § 1.8 CERTIFICATE OF MAILING

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Status Inquiry

Commissioner of Patents and Trademarks
PO Box 1450
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Commissioner:

Applicant respectfully inquires as to the status of the above-identified patent application, and when the next communication from the United States Patent and Trademark Office regarding this application can be expected.

If the Office has any questions, the Office is invited to contact the undersigned at (757) 253-5729 or bambiwalters@cox.net.

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Date: September 27, 2004

Respectfully submitted,

Bambi F. Walters

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STATUS INQUIRY
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2661

TRANSMITTAL FORM

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Total Number of Pages in This Submission:

Application Number	09/893,910
Filing Date	June 29, 2001
First Named Inventor	Ed Silver et al.
Art Unit	2661
Examiner Name	Unknown
Attorney Docket Number	BS00336 (SP-BS00336)

ENCLOSURES

(Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input checked="" type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Name (Print/Type)	Bambi Faivre Walters	Reg. No.:	45,197
Signature	<i>Bambi Faivre Walters</i>		
Date	9/27/04		

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